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FACSIMILE TRANSMISSION**CONFIDENTIAL**

DATE: March 11, 2004

CLIENT-MATTER No.: 23867-08200

To:

NAME	FAX No.	PHONE No.
Commissioner for Patents	(703) 872-9306	(703) 306-2892

FROM: Michael W. Farn

PHONE: (650) 335-7823

SENT BY: Becky Hancock

PHONE: (650) 943-5205

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NUMBER OF PAGES WITH COVER PAGE: 4	ORIGINAL WILL NOT FOLLOW
Application Number	10/700,837
Filing Date	November 3, 2003
First Named Inventor	Elliot Yasnovsky
Group Art Unit	Not yet known
Examiner Name	Not yet known
Attorney Docket Number	23867-08200

MESSAGE:

Please file attached Request to Withdraw.

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
PLEASE CALL BECKY HANCOCK AT (650) 943-5205 AS SOON AS POSSIBLE.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/700,837
Filing Date	November 3, 2003
First Named Inventor	Elliot Yasnovsky
Group Art Unit	Not yet known
Examiner Name	Not yet known
Attorney Docket Number	23867-08200

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

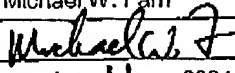
The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	John Normile Jones Day LLC				
Address	222 East 41st Street				
Address					
City	New York	State	NY	Zip	10017-6702
Country	USA				
Telephone	(212) 326-3939	Fax	(212) 755-7306		

- ☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 758
on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).

Name	Michael W. Farn
Signature	
Date	March 11, 2004

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

23867/08200/DOCS/1419137.1